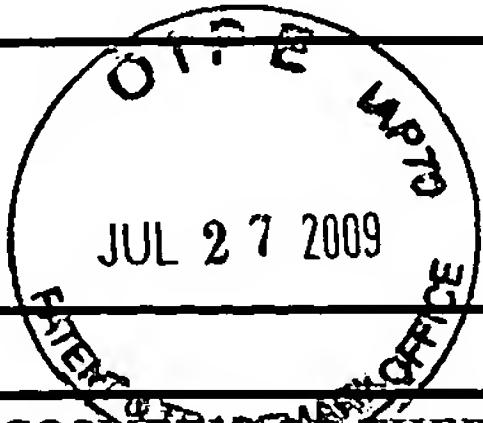


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A

## Amendment Transmittal Letter

Docket Number

WSP243US



Address To  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

## Title of Invention

COMBINED COSMETIC/THERAPEUTIC PREPARATION

First Named Inventor	Gabriele Blume
Application No.	10/579,121
Filing Date	May 10, 2006
Examiner	Sheridan R. Macauley
Art Unit	1651

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

Applicant claims Small Entity Status. See 37 CFR 1.27.

## Fee Calculation

## Claims as Amended

For	#Filed	#Previously Paid For	#Extra	Rate	Fee
Total Claims	21	- 20 =	1	x 26 =	\$26
Total Indep. Claims	1	- 3 =		x 110 =	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
TOTAL					\$26

## Method of Payment

Deposit Account  Credit Card  Check  Money Order  Other: \_\_\_\_\_

Deposit Account Number 50-0822

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge the fee(s) set forth above  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 Charge fee(s) indicated above, except for the filing fee  
 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.

Amount Grand Total \$26

# Amendment Transmittal Letter

Docket Number

WSP243US

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## Certificate of Mailing by Express Mail

I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

*(Date of Mailing)*

*(Typed or Printed Name of Person Mailing Correspondence)*

*(Signature of Person Mailing Correspondence)*

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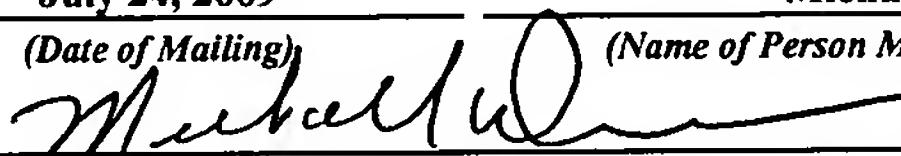
I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

July 24, 2009

Michael L. Dunn

*(Date of Mailing)*

*(Name of Person Mailing Correspondence)*



*(Signature of Person Mailing Correspondence)*

## Certificate of Transmission

I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:

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## Signature Instructions

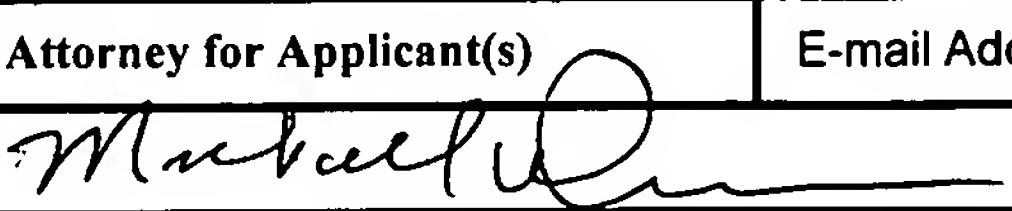
Select the name of the person who will electronically sign the Amendment from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box

Dunn, Michael L.

Name	Michael L. Dunn		Registration Number	25,330
Signatory Capacity	Attorney for Applicant(s)		E-mail Address	
eSign			Date Signed	July 24, 2009